

## ELEMENTARY/SECONDARY INTERSCHOOL ATHLETICS FORM

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To Parents/Guardians: **(Please read fully and retain this page for your information.)**

**COACH/STAFF SUPERVISOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INTERSCHOOL ACTIVITY/SPORT:** \_\_\_\_\_

Your son/daughter/ward has indicated interest in participating on the school's interschool team (listed above). The information below is intended to assist you in making an informed decision as to whether you give consent for your son/daughter/ward to participate on the school's interschool team (listed above). If after reading the information you give consent, please complete both the Consent to Participate and Medical Information Form portions of this form and return to appropriate school personnel.

### ELEMENTS OF RISK

The interschool activity programs being offered, involve certain elements of risk. Falls, collisions and other incidents may occur, causing injury. The following list includes, but is not limited to, examples of types of injury which may result:

1. Bumps & bruising; overuse injuries such as muscle sprains & strains
2. Fainting; shortness of breath; dehydration
3. Cuts & scrapes; broken bones; dental injuries
4. Back/spinal and neck injuries; paralysis or prove to be life threatening
5. Head injuries, fractures; concussion

### CONCUSSION

HCDSB Concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs or symptoms of concussion. Concussion information for parents and students is available on the HCDSB web site – Parents + Safe, Healthy and Inclusive Schools + Medical Conditions + Concussion Protocol. Management of concussion is key to supporting the student during recovery.

Please be advised that your son/daughter will be asked to seek medical attention if signs and symptoms of concussion arise. You are advised along with your son/daughter to view Dr. Evans' video – *Concussion Management and Return to Learn* on the Board's web site: [www.hcdsb.org](http://www.hcdsb.org).

Injuries as a result from participation in the activity can occur without any fault on either the part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an injury occurring. The School Board attempts to manage as effectively as possible the risk involved for students while participating in school athletics. Carefully following instructions at all times and being physically fit to participate in the activity can reduce the chance of an injury/accident occurring.

### STUDENT ACCIDENT INSURANCE NOTICE

The Halton Catholic District School Board does not provide any accidental death, disability, dismemberment, and medical/dental expenses insurance on behalf of the students participating in the activity. For coverage of injuries, you may wish to consider the STUDENT ACCIDENT INSURANCE PLAN made available by the school to parents at the beginning and throughout the school year.

In your child's best interest we recommend an annual medical examination.

It is important that your child participate safely and comfortably in the interschool athletics program.

- a) Students must have their emergency medication readily accessible at all practices and competitions (e.g. Asthma inhalers, epinephrine auto injectors, diabetes blood testing kit and fast acting sugar).
- b) Certain types of jewellery can pose a hazard and cause injury to the wearer and/or other participants during practices and competitions. Students must comply with the instructions of the teacher/coach, following the governing body/association policy, and/or the board/school procedures, when requested to remove jewellery. Medic alert identification that cannot be removed must be taped or securely covered.
- c) The wearing of an eyeglass strap and shatter-resistant /shatterproof lens, if your child wears glasses that cannot be removed during interschool activities.
- d) Attention to environmental concerns (e.g. protection from sun, hypothermia, dehydration and frostbite).
- e) The use, when necessary of a personal water bottle.
- f) In the event that the student uses personal or borrowed sports equipment, the student or parent/guardian (if the student is under the age of 18) is responsible for ensuring that the equipment is in good working order, fits properly, conforms with recognized safety standards, and has not been altered from its original condition.

#### **Communication of injury/illness:**

Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season of this sport it is your responsibility to contact the coach/supervising teacher and provide any necessary or updated information that might influence the ability to participate in the sport.

#### **Sudden Arrhythmia Death Syndrome (SADS)**

Refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people. Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians. Parents/guardians are to be provided information on – Sudden Arrhythmia Death Syndrome (SADS), which contains information about SADS as well as a Documentation of a Fainting Episode Form. The student is not to participate in physical activity until cleared by a medical assessment and the Documentation of a Fainting Episode.

The form is completed by a parent/guardian and returned to the school administrator/designate.

**Further information – [www.sads.ca](http://www.sads.ca)**

#### **PRIVATE MOTOR VEHICLES TRANSPORTATION AND INSURANCE**

The Halton Catholic District School Board recognizes that private motor vehicles may be used for transportation. All volunteer drivers must complete the Halton C.D.S.B. AUTHORIZATION TO TRANSPORT STUDENTS PARTICIPATING IN SCHOOL ACTIVITIES form. Student drivers must complete the STUDENT DRIVER AUTHORIZATION FORM and student passengers are to complete the STUDENT PASSENGER REQUEST FORM to be approved by principal/designate. The Halton C.D.S.B. requires all drivers to have a minimum of \$1 000 000 third party liability insurance coverage. The Board provides non-owned Automobile Liability Insurance for claims that exceed the owner's insurance while the vehicle is being operated on Board business. This coverage would respond to claims that exceed \$1,000,000.

**INTERSCHOOL ATHLETICS  
ACKNOWLEDGEMENT OF RISKS AND CONSENT TO PARTICIPATE FORM**

**Parents/Guardians are requested to complete the following Consent to Participate and Medical Information Form and return it to the appropriate school personnel.**

**Note: the student is ineligible to participate in practices or competitions without first providing teacher/coach with both the Consent to Participate and Medical Information Form.**

Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade/Class/Course: \_\_\_\_\_

**REQUIRED INITIALS/SIGNATURES FOR PARTICIPATION**

**ACKNOWLEDGEMENT:**

I/We hereby acknowledge and accept the risks inherent in the requested activity  
\_\_\_\_\_ and assume responsibility for my son's/daughter's/ward's  
(name of activity)  
personal health, medical, dental and accident insurance. **Initials of parent/guardian** \_\_\_\_\_

I/We have discussed the identification (signs and symptoms) and management of concussion with our son/daughter based on the HCDSB Concussion protocol and/or Dr. Evans' YouTube video.

**Initials of parent/guardian** \_\_\_\_\_

I/We have read and understand the notice of Accident Insurance. **Initials of parent/guardian** \_\_\_\_\_

**BEHAVIOUR CODE:**

I am aware that it is a privilege and not a right to participate on a school team. Therefore, I fully understand that it is my responsibility to follow the Board/school/athletic association's Code for Athletes and my school's Code of Conduct and to display good sportsmanship at all times while representing my school as a student athlete.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

**BEHAVIOUR AGREEMENT:**

I/We agree to pay any damages that may be occasioned through the misconduct or carelessness of our son/daughter/ward to the person or property of the affected party or parties.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO PARTICIPATE:**

I/We give consent for our son/daughter/ward to try out/participate in the following Interschool athletic activity: \_\_\_\_\_ during the \_\_\_\_\_ school year.  
(name activity)

• Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

• Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERSCHOOL ATHLETICS EMERGENCY CONTACT- MEDICAL INFORMATION FORM**

**This form must accompany the teacher/coach at all practices and competitions.**

**STUDENT NAME:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**EMERGENCY CONTACT: List order to call 1-2-3**

\_\_\_\_\_ Mother's Name: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

\_\_\_\_\_ Father's Name: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

\_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**CURRENT MEDICAL INFORMATION:**

**(Where your son's/daughter's/ward's condition is confidential or requires further explanation you are requested to contact your son's/daughter's/ward's coach.)**

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:  
Please specify what is written on it: \_\_\_\_\_  
First aid procedures in case of incident: \_\_\_\_\_

2. Has your son/daughter previously been diagnosed with a concussion? yes\_\_ no\_\_  
How many times? \_\_\_\_  
When was the last diagnosis? Yr.\_\_\_\_ mo.\_\_\_\_ date\_\_\_\_  
What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity? \_\_\_\_\_

3. If your son/daughter/ward has a medical condition (e.g. asthma, anaphylaxis, type 1 diabetes, epilepsy, other) that will affect full participation on the trip, please specify:  
\_\_\_\_\_  
First aid procedures in case of incident or contact supervising teacher: \_\_\_\_\_

4. What medication(s) (prescription and non-prescription) should your son/daughter/ward have with them/take during the field trip? \_\_\_\_\_  
When should the medication be taken? \_\_\_\_\_  
Who should administer the medication? \_\_\_\_\_

5. Specify any other physical limitations your son/daughter/ward has that may affect their full participation with activities. Provide pertinent details or contact supervising teacher: \_\_\_\_\_

**MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE TO PARTICIPATE)**

Every reasonable effort will be made by the school/hospital to contact parents/guardians before any medical services are provided. In cases where contact is tried but not made I/we give consent for medical personnel to administer medical and/or surgical services including anaesthesia and drugs.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**FREEDOM OF INFORMATION NOTICE**

The information provided on this form is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's policy on Out-of-Classroom Programs.